

Primary Registration District No. \_\_\_\_\_

19. (a) AUG 14 1941 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's signature)

Address 1406 S 50th Ave Date signed 8/15

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4094  
2842 Meramec St.  
P.O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**